

Individual Support Plan for (NAME)

(Insert Current picture here)

Date of Birth / Age:	
Address:	
Email Address	
Phone Number:	
What other people like and admire about me:	
Important people in my life:	
What I'm interested in doing:	
Best way to communicate with me: (preferred methods and what works best)	
Current as of:	


QUICK SUMMARY: Discovery			
Discovery Results	Explored Module	Supports Needed	Current as of:
Communication & Learning	Choose an item.	Choose an item.	(date)
Relationships	Choose an item.	Choose an item.	(date)
Day to Day Life	Choose an item.	Choose an item.	(date)
Career Development	Choose an item.	Choose an item.	(date)
Finance	Choose an item.	Choose an item.	(date)
Getting Around	Choose an item.	Choose an item.	(date)
Health & Wellness	Choose an item.	Choose an item.	(date)
Home & Housing	Choose an item.	Choose an item.	(date)
Community Membership	Choose an item.	Choose an item.	(date)
Essential Health Information Gathered?		Choose an item.	(date)

QUICK SUMMARY: Important To / Important For		
Discovered In:	Important To	Important For
Initial Discovery	▪	▪
Communication & Learning	▪	▪
Relationships	▪	▪
Day to Day Life	▪	▪

Career Development	▪	▪
Finance	▪	▪
Getting Around	▪	▪
Home & Housing	▪	▪
Health & Wellness	▪	▪
Community Membership	▪	▪

QUICK SUMMARY: Risks / How Addressed			
Discovered In:	Short Name	Describe	How Addressed
Initial Discovery	1. 2.	1. 2.	1. 2.
Communication & Learning	1. 2.	1. 2.	1. 2.
Relationships	1. 2.	1. 2.	1. 2.
Day to Day Life	1. 2.	1. 2.	1. 2.
Career Development	1. 2.	1. 2.	1. 2.
Finance	1. 2.	1. 2.	1. 2.
Getting Around	1. 2.	1. 2.	1. 2.
Home & Housing	1. 2.	1. 2.	1. 2.
Health & Wellness	1. 2.	1. 2.	1. 2.
Community Membership	1. 2.	1. 2.	1. 2.

The following Outcomes should be prioritized in order of importance. **Outcomes may relate to both Important To and Important For; however, Important To must be considered/prioritized first.** Community Resources should be explored before any other options are considered.

To add more outcomes, click on the  at the top left corner of the table to select the entire table. Press ctrl c to copy. Click below the table and press ctrl v to paste the new table. Do this before you fill in the first table.

Outcome Section							
Outcome #	Outcome Name:	Discovered in: Choose an item.	Projected Start Date: Click here to enter a date.	Projected Completion Date: Click here to enter a date.	Emergency Request: Choose an item.	Status: Choose an item.	As-of Date:
Desired Outcome* What is the desired result?			So that/ In order to:				
How will we balance Important To and Important For?							
How are Community Resources and/or natural supports being used or developed?							
How and how often will progress towards this Outcome be reviewed?							
In what ways will the team know progress is occurring?							
What does the person say progress will look like for them?							
What will we look for to see progress?							
What is the frequency that is planned for ongoing Listening & Learning?							
Satisfaction Survey frequency			Choose an item.				
Action Plan progress reporting			Choose an item.	Comments:			
Outcome Review frequency			Choose an item.	Comments:			
Support Considerations: What will we do to support? (Donut Sort)						Type of Committee Review Required:	
Role:							Choose an item.
Core Responsibilities			Be Creative/Use Judgment			Not a Typical Responsibility	

(Be sure to)							
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Natural / Community / Other Contributing Resource							
Service/Support	Resource	Comments / Level of Service			Funding if Applicable		
County Board Paid Projected Services							
Service	Provider	How Much?	Unit of Measure	How Often?	For How Long?	Total	Funding Source

Outcome Section							
Outcome #	Outcome Name:	Discovered in: Choose an item.	Projected Start Date: Click here to enter a date.	Projected Completion Date: Click here to enter a date.	Emergency Request: Choose an item.	Status: Choose an item.	As-of Date:
Desired Outcome* What is the desired result?		So that/ In order to:					
How will we balance Important To and Important For?							
How are Community Resources and/or natural supports being used or developed?							
How and how often will progress towards this Outcome be reviewed?							
In what ways will the team know progress is occurring?							
What does the person say progress will look like for them?							
What will we look for to see progress?							
What is the frequency that is planned for ongoing Listening & Learning?							
Satisfaction Survey frequency				Choose an item.			
Action Plan progress reporting				Choose an item.	Comments:		
Outcome Review frequency				Choose an item.	Comments:		
Support Considerations: What will we do to support? (Donut Sort)						Type of Committee Review Required:	
Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			

Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:							Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Natural / Community / Other Contributing Resource							
Service/Support	Resource	Comments / Level of Service				Funding if Applicable	
County Board Paid Projected Services							
Service	Provider	How Much?	Unit of Measure	How Often?	For How Long?	Total	Funding Source

Outcome Section							
Outcome #	Outcome Name:	Discovered in: Choose an item.	Projected Start Date: Click here to enter a date.	Projected Completion Date: Click here to enter a date.	Emergency Request: Choose an item.	Status: Choose an item.	As-of Date:

Desired Outcome* What is the desired result?		So that/ In order to:		
How will we balance Important To and Important For?				
How are Community Resources and/or natural supports being used or developed?				
How and how often will progress towards this Outcome be reviewed?				
In what ways will the team know progress is occurring?				
What does the person say progress will look like for them?				
What will we look for to see progress?				
What is the frequency that is planned for ongoing Listening & Learning?				
Satisfaction Survey frequency	Choose an item.			
Action Plan progress reporting	Choose an item.	Comments:		
Outcome Review frequency	Choose an item.	Comments:		
Support Considerations: What will we do to support? (Donut Sort)			Type of Committee Review Required:	
Role:				Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility
Role:				Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility
Role:				Choose an item.
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility
Role:				Choose an item.

Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Role:						Choose an item.	
Core Responsibilities (Be sure to)		Be Creative/Use Judgment		Not a Typical Responsibility			
Natural / Community / Other Contributing Resource							
Service/Support	Resource	Comments / Level of Service			Funding if Applicable		
County Board Paid Projected Services							
Service	Provider	How Much?	Unit of Measure	How Often?	For How Long?	Total	Funding Source

Assigned Team Members		
(Includes those that will have Action Plan development and progress reporting responsibilities)		
Name	Role (e.g. self, guardian, SSA, provider)	Comments

Other Contributing Team Members (May have action steps identified in Action Plan)		
Name	Role (e.g. family, parent: non-guardian, personal advocate, friend, mental health pro., home health agency, etc)	Comments

Requested Plan Cost Approval or Denial					
Date	Approved/Declined	Approved/Declined By:	Span	Amount	Comments

Individual Support Plan Agreement		
By signing below, I agree that this plan reflects the actions, services and supports I need and want. I understand that services go on during the whole span of this plan, unless the plan says otherwise. I will do my part to get to my desired outcomes. No one has forced me to sign. I have made an informed choice.		
Individual Supported	Signature	Date

Guardian (If applicable)	Signature	Date

Assigned Team Members: Agreement to Provide Services / Supports		
By signing in the box below, I agree to the services at the frequencies indicated in this plan for which I am named as responsible party. I agree to provide a level of support that considers the person's known needs, and core responsibilities expressed in the ISP or as described by the service description in rule and appropriate for the person supported. Unless otherwise noted, all services continue for the entire span of the plan.		
Assigned Team Member	Signature	Date